PTO/SB/06 (12-04)
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to a collection of information unless it displays a 4-24 OMB control according to the collection of information unless.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875													Application of Doctor Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OR	. OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA] .	RATE (S	$, \top$	FEE (\$)	7	RATE (S)	FEE (\$)	
BASIC FEE (37 CFR 1.15(s), (b), or (c))]				7		100	
SEARCH FEE (37 CFR 1.16(0), (i), or (m))								7		٦		1		500	
EXAMINATION FEE CIT CFR 1.16(a), (p), or (q))								1		7		1		900	
TOTAL CLAIMS (37 CFR 1.16(1))			2/ minus 20 =		20 =	. /		1	x			OR	x	50	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			2 minus 3 =		3 -	•		1	x			1	x		
APPLICATION SIZE FEE (37 CFR 1.16(4))			If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			plication size fee due entity) for each fraction thereof. See									
MU	LTIPLE DEPEN	DENT CL	AIM PRE	SENT (37	CFR 1.10		1		l						
* If the difference in column 1 is less than zero, enter "O" in column 2.							_	TOTAL	I]	TOTAL	1050		
APPLICATION AS AMENDED - PART II															
	(Column 1) (Column 2) (Column 3)							7 .	SMALL ENTITY			·OR	OR OTHER THAN SMALL ENTITY		
AMENDMENT A	8/28/06	REM	NINING TER DMENT		PREV	UMBER EVIOUSLY MD FOR	PRESENT EXTRA		RATE (S)		ADDI- TIONAL FEE (\$)	,	RATE (5)	ADDI- TIONAL FEE (\$)	
	Total (37 OFR 1.160))	2	. (Minus	2	21	-		x 25.		. /	OR	x50.	7	
	Independent (37 GFR 1.180))	2		Minus	<u> </u>	3	• -		x/00 =	T	$\overline{}$	OR	xaso.		
	Application Size Fee (37 CFR 1.16(s))									I	/				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						R 1.16(I)		180			OR	36 3		
· · · · · · · · · · · · · · · · · · ·									TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	<u></u>	
_		(Colum				kimn 2)	(Column 3)	. –							
AMENDMENT B		REMA AFT AMEND	INING ER		. NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)		ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (\$)	
	Total (37 CFR 1.16())	•		Minus	•		•	[,	χ	Γ	-	OR	X =	·	
	independent (37 CFR 1.16(k))	•		Minus	***		•	,	ζ .	T		OR	х -		
	Application Size Fee (37 CFR 1.16(s))											<u> </u>	<u></u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))									L		OR			
	If the entry in ∞	iumn 1 is	less than	the entry	in coker	n 2 write	"To in cohume "		OTAL NDO'L FEE	Ŀ		OR	TOTAL ADD'L'FEE		
	If the "Highest N	lumber Pr	eviously F	ald For	IN THIS	SPACE I	less than 20,	enter.	20.					l	

*** If the "Highest Number Previously Paid For" IN This SPACE is less than 20, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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